

Kentucky Department of Financial Institutions
1025 Capital Center Drive, Suite 200
Frankfort, KY 40601
FAX (502) 573-0184

STATE LICENSE CONFIRMATION FORM

(To be completed by APPLICANT)

(Legal Name and Address of Applicant)

is applying for a license pursuant to The Check Cashers/Deferred Deposit Act, Kentucky Financial Services Code Chapter 286.9. I hereby authorize _____ (Name of State) to release to the Kentucky Department of Financial Institutions any and all information requested.

(Name and Title)

(Signature)

(Date)

(To be completed by STATE AGENCY and returned to address above, attn: Rodney Gabbard)

- A. What type of license does the applicant currently hold? What is the issue date, license number and expiration date?
- B. If a license was issued, did your agency conduct an investigation?
- C. Does your agency conduct periodic examinations of the applicant?
- D. Have any complaints against the applicant been filed with your agency in the past three years? If yes, please give number, nature and disposition of the complaint(s).
- E. Has any disciplinary/enforcement action been taken against the applicant? If yes, please identify type, date and disposition.

Name/Title of Person Completing Form: _____

Agency Name and Phone Number: _____